

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-006152

STATE FILE NUMBER

AMENDED

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 369

FILED MAR 12 1962

1. PLACE OF DEATH

a. COUNTY

Greene

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Greene

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN

Springfield

Length of stay in lb

30 years

c. CITY

OR TOWN

Springfield

Inside Limits

Yes ☒ No ☐c. FULL NAME OF (If NOT in hospital, give location) Hosp.
HOSPITAL OR INSTITUTION DOA Burge-Protestant

Inside Limits

Yes ☒ No ☐

d. STREET (If outside, give location)

ADDRESS

1831 S. Collinson

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

HENRY

Middle

HOWARD

Last

CHURCH

4. DATE OF DEATH

Month

Day

Year

Mar. 4, 1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒Never Married ☐Widowed ☐Divorced ☐

8. DATE OF BIRTH

4/22/1901

9. AGE (last birthday)

60

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Truck Driver

10b. KIND OF BUSINESS OR INDUSTRY

Campbell 66

11. BIRTHPLACE (City and state or country)

Richland, Missouri

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Floyd Church

13b. MOTHER'S MAIDEN NAME

Lottie York

14. NAME OF HUSBAND OR WIFE

Opal Church

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) No

(If yes, give war or dates of service) None

16. SOCIAL SECURITY NO.

Springfield, Missouri.

Opal Church, 1831 S. Collinson,

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Coronary occlusion, acute instant

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Mar 1, '62 to 3-4-62 and last saw him alive on Mar 1, 1962
Death occurred at 6:00 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION REMOVAL (Specify)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

(State)

Burial

3/8/1962

Greenlawn Cemetery

Springfield, Missouri

24. FUNERAL DIRECTOR

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Ralph Thieme, 1200 Boonville Ave.

3-9-62

Effie E. Melton

(Licensed Embalmer's Statement on Reverse Side)

MAR 12 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Harold Luttrell

Licensed Embalmer No. 5079

P. O. Address Spfld, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.